Organization
MSI Reproductive Choices (MSI)

Contact
Matthea Roemer
matthea.roemer@msichoices.org

Photo: © MSI. MSI Ghana abortion provider in Kumasi, Ghana.

Implementation story

Ensuring that choice of abortion method includes surgical and legally permissible second-trimester services

Summary

MSI Reproductive Choices (MSI) is committed to offering a full spectrum of abortion services across its global network of outpatient clinics and maternity hospitals. While medical abortion is expanding quickly with increasing investment, surgical abortion must still be made available not only for post-abortion and second-trimester care but also for when it is a woman's preferred option. If a client is medically eligible for both types of abortion methods, which most will be, they should be fully informed about both and given a choice. Maternity hospitals are uniquely positioned to expand access to comprehensive abortion care, specifically second-trimester abortions, due to the availability of surgical infrastructure and the destigmatizing nature of a facility offering a range of services. By training public and private providers and ensuring abortion care is built into all aspects of a health system, we can reduce stigma and offer people a choice of method.

Overview and context

Ensuring access to all options for abortion is essential to advance women's health and rights. Comprehensive access enhances individual autonomy and dignity by ensuring that individuals can choose the method that best suits their unique health needs, circumstances, and preferences. Comprehensive abortion care requires access to tailored information and support, including a choice of method. Client choice of medical or surgical abortion has long been considered a key component of quality abortion care *(1)*.

Surgical abortion involves a low-risk procedure, while tablets are used in medical abortion to end the pregnancy. For most abortions there is no right method, each has pros and cons depending on the client's preferences and medical needs. MSI's clients around the world report that the method they choose depends on their circumstances, the availability and cost of both methods, and what counselling or information they are offered *(2)*.

While the use of medical abortion has expanded with a growth in registration and distribution of medical abortion products, surgical abortion remains a critical service for the delivery of post-abortion care, for when a medical abortion is contraindicated, and for abortion beyond the first trimester. Furthermore, the continued provision of high-quality surgical abortion procedures ensures that clients have a choice. Maintaining client choice is not only important for respecting bodily autonomy, it also helps build better acceptance of abortion and break down stigma *(3)*. Evidence demonstrates that people tend to have strong preferences, since each method offers a very different experience and satisfaction is higher when people can choose their preferred method *(4)*. People place high value on having decision-power over their health.

What was done

Through its global network of outpatient sexual and reproductive health clinics and maternity hospitals, MSI strives to ensure that clients can access a choice in high-quality medical and surgical abortions, including in the second trimester, where legally permissible. MSI has been implementing a holistic programme of strategies to meet this aim.

The first strategy has been to use screening to ensure only pro-choice providers are recruited. Provider training is based on the World Health Organization (WHO) *Abortion care guideline (5)*, and covers both medical and surgical abortion and a range of post-pregnancy contraception. Regular refresher training and annual competency assessments by certified assessors ensure that providers' clinical competencies in both methods are maintained. In addition, annual internal and external clinical quality assessments are implemented together with an established system for reporting clinical incidents. As part of the quality assurance work, sites providing abortion and post-abortion care are monitored to ensure adherence to MSI's guidelines on infection prevention, pain management, counselling and consent, and medical waste management, all of which are aligned with the WHO *Abortion care guideline (5)*.

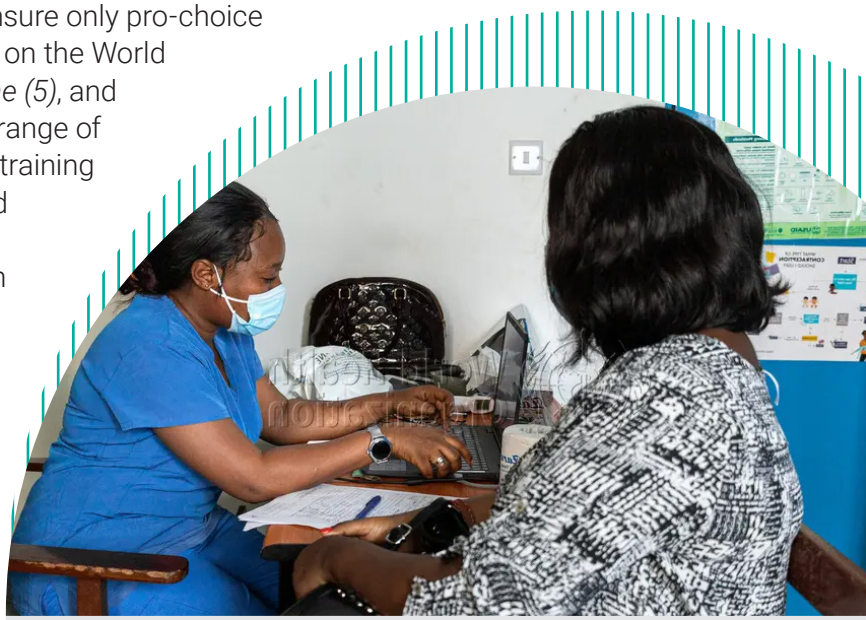

Photo: © WHO/SRH/Hickmatu Leigh. A nurse provides post-abortion care at the MSI clinic in Aberdeen, Freetown, Sierra Leone.

One successful ongoing strategy has been the use of values clarification and attitude transformation (VCAT) workshops to help health workers explore their beliefs and values around abortion *(6)*. MSI also facilitates provider share workshops, which are particularly important for providers offering second-trimester services. These are a safe, peer-supported space to share feelings and challenges on abortion provision *(7)*. Beyond the staff at MSI's own facilities, over 5000 franchised health providers across Africa have been engaged to provide abortion care. They have also participated in VCAT and provider share workshops addressing stigma and discrimination in abortion provision. These workshops have included legal literacy training, peer-to-peer support, and communication guides, and help build confidence among abortion providers.

> *"These workshops are influential; there were significant improvements. I remember one provider who denied [abortion] services but after the workshops, he became competent and continues to provide these services. It helps our providers to be clear on their values."*
>
> MSI Ethiopia programme manager

All these strategies are monitored closely to ensure person-centred care and that clients are provided with true choice. Clinical audits are supplemented with annual client exit interviews and in-depth analysis of health management information system data to explore trends in method mix at the site and provider levels. This close monitoring of client experience, along with MSI's rigorous guidelines, helps ensure that patients receive comprehensive counselling with adequate information provided on expected side-effects, complications, failure rates, and who to contact in the event of any of those, for any method chosen.

WHO abortion guidelines and tools

MSI drew on and aligned with the 2022 WHO *Abortion care guideline (5)* to update the organization's internal abortion care clinical guidelines. These guidelines are used in all training and set the standards for quality assurance. Updates included the following.

- Medical abortion at ≥12 weeks of gestation is now aligned with the WHO guideline, as is provision of manual vacuum aspiration up to 14 weeks of gestation.
- Guidelines on rolling out letrozole to enable use of the letrozole–misoprostol regimen for medical abortion in countries where mifepristone is not registered.
- An expanded chapter on pain management options, leveraging the stronger language on pain management in the WHO guideline.
- A chapter was added to provide information about the pros and cons of surgical versus medical abortion, as well as explaining complications and their management.
- Where permitted by the local health system, ultrasound scanning is no longer a prerequisite for providing abortion services in MSI facilities. This aligns with our central focus on client-centred care.

Photo: © MSI. Medical abortion pills.

What was achieved?

Where both methods are available, we see an equal number of clients opting for medical and surgical approaches in MSI outpatient clinics and inpatient maternity hospitals. Client exit interview data shows high client satisfaction with the service and 65% report having nowhere else they could go to access abortion care. Clients selecting medical abortion value that it can be self-managed at home, is effective and convenient, and can be more accessible for those who find clinic visits logistically challenging. Clients choosing a surgical method did so because it is faster, can be less painful, more discrete, and handled directly by a health professional. Thus, even as access to medical abortion accelerates, many people will always prefer a surgical abortion.

We have demonstrated that private maternity hospitals can fill a major gap in access to surgical abortions, including second-trimester procedures. Because maternity hospitals have surgical capacity, abortion and any complications can be safely managed with round-the-clock support. Moreover, integrating abortion services with other health services such as maternity care can help normalize abortion and reduce stigma.

In some contexts, MSI's maternity hospitals deliver almost twice the number of abortion and post-abortion care services than MSI's outpatient clinics. This has necessitated thoughtful consideration of how services are designed to ensure a good client experience, with separate flows for maternity care and abortion care. We have further expanded choice in recent years by equipping new sites to provide later gestational age (>12 weeks of gestation) services through updates to infrastructure, provider training, and ongoing provider support, within legal frameworks.

Our work underscores that the private sector will continue to play a major role in abortion care. We must work with private providers to ensure these services are affordable and of high quality, thereby diverting clients away from unsafe or less-safe providers. This includes ensuring that the choice of medical and surgical abortion is widely available, and that providers are offering unbiased, non-judgemental, safe, and person-centred care.

Lessons learned

Despite using a holistic approach to supporting high-quality, person-centred service provision, MSI has faced challenges in implementation, including ensuring adequate support for providers. The provision of abortion care, and specifically second-trimester services, can lead to emotional stress and burnout among providers. In some facilities, second-trimester services are the responsibility of only one provider, who therefore finds it difficult to share emotions and doubts that they may be facing. To address this, MSI has implemented the provider share groups and WhatsApp groups to allow these providers to connect and create space for dialogue.

Another challenge faced has been the dichotomy among providers being pro-choice for procedures in the first trimester but anti-choice for those in the second trimester. We must support an environment that ensures that clients have adequate access to stigma-free abortion care up to 20 weeks gestational age, where the legal framework allows. We have nurtured the pro-choice stance among providers who work with us since they often experience stigma from communities, families, and at times even within the facilities where they work.

VCAT and provider share workshops are a starting point for addressing these challenges, but we also provide additional psychosocial support as well as legal support and guidance to help reassure providers of legally permissible second-trimester procedures.

With respect to quality assurance, standardized reporting of second-trimester services can be a challenge particularly in contexts with continued stigma or where providers have insufficient understanding of the legal framework. We have also found that safe waste management in second-trimester abortion care can be challenging logistically and financially.

Another lesson learned is the importance of addressing clients' sometimes vulnerable state and mental health needs. Clients seeking care for second trimester abortions are frequently very vulnerable and include people who are younger, unemployed, and from other marginalized groups *(8,9,10)*. Empathetic care with the capacity to deliver mental health first aid is essential. This is not always implemented across all contexts for many reasons, including gaps in training capacity or resources, stigma and stereotypes, and time pressure for service.

In conclusion, maintaining and expanding access to abortion care and choice of method takes a multifaceted approach. Based on the experiences of our frontline teams around the world *(11),* we offer the following lessons learned for sustaining abortion method choice in the future.

Centre choice in abortion care provision

- Respect every individual's autonomy and their right to make informed decisions about their reproductive health by providing accurate, unbiased information about both medical and surgical abortion where possible.

Train health providers across sectors

- Include comprehensive training and continuing education for health providers on abortion care, including surgical techniques and adequate pain management for both first- and second-trimester procedures as part of implementing evidence-based clinical guidelines and standards of care.
- Mentor and train public and private providers to ensure the entire health system is strengthened to support client choice.
- Use stigma-breaking tools such as abortion-focused VCAT workshops to foster a non-judgemental environment that respects clients.

Ensure the whole ecosystem is set-up to maintain client-centred quality, including choice in methods.

- Support trained providers with supplies, infrastructure, supervision, psychosocial support, and legal support to offer comprehensive abortion care including both surgical and medical abortion.
- Use monitoring and evaluation approaches beyond clinical quality indicators or client volumes to understand clients' perspectives and experiences, including their reasons for choosing an abortion method.

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